Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: Yes

Number of copies of CRF:: 1

Title:: METHOD OF MANUFACTURING

PACKAGING ARTICLES, AND A

CORRESPONDING MANUFACTURING

MACHINE

Attorney Docket Number:: 1F-1285

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3
Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MICHEL

Middle Name::

Family Name:: MARCEL

City of Residence:: VILLEVAUDE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: RUELLE DU BOUQUET

City of Mailing Address:: VILLEVAUDE

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 77410

Applicant Authority Type:: Inventor Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: CHRISTOPHE

Middle Name::

Family Name:: MARCEL

City of Residence:: VILLEVAUDE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: RUELLE DU BOUOUET

City of Mailing Address:: VILLEVAUDE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 77410

Correspondence Information

Correspondence Customer

000466

Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
FRANCE	99 08098	6/24/99	No

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::